PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

916507191

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
FOR NU			R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE
BASIC FEE							345.00	OR		690.00
то	TAL CLAIMS		minus 2	0= *		X\$ 9=		OR	X\$18=	
	EPENDENT CL		minus 3	3 = * /		X39=		OR	X78=	78
MULTIPLE DEPENDENT CLAIM PRESENT					+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	108	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL I	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***	=	X39=		OR	` X78=	
Ĥ	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL		ارما	TOTAL ADDIT, FEE	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE			AUUII. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM	1	+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	=	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	1000	1	
	If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2, write "0" in c	olumn 3.	+130= TOTAL		OR	+260=	ļ
	If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE is less the SPACE is less the space is less the space is less the space is	an 20, enter "20." nan 3, enter "3."	ADDIT. FEE	propriate bo	OR x in co	ADDIT. FEE	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	C1650769	

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fce	Fee	_	Total
:	Sm./Lg.			-	Sm. Entity	Lg. Entity		100
Basic Filing Fee	201/101	1/ 4			345	690		<u>410</u>
Total Claims >20	203/103	$\frac{IU}{I}$ -20	=,	x	70	18 -	_	
Independent Claims >3	202/102	-3:	<u>-</u> /	x	100	18	=	<u>14)</u>
Mult. Dep Claim Present	204/104				130	260	=	T27
Surcharge	205/105				<u>65</u>	<u>130</u>	=	100
English Translation	139							
TOTAL FEE CALCUL	ATION							<u>898</u>
Fees due upon filing	the application:	:						
Total Filing Fees Due	e = . \$		898	_				
Less Filing Fees Subr	mitted -\$		95N	-				
BALANCE DUE	= \$		0/3					
Athas								
Office of Initial Paten	t Examination							